LEVEL 1

Parent/Guardian's Request for Reconsideration of Instructional Materials and/or Library Books Form

TO BE COMPLETED BY COMPLAINANT

Send to teacher and principal OR library specialist and principal

All requests for reconsideration must start with LEVEL 1. Please complete the entire LEVEL 1 form. If you need more space, you may attach additional pages. Please print answers.

Complainant's Name

Date of complaint Phone Number Email Address

Home Address

Complainant represents: Self:
Organization:
Other:

Type of material (book, video, etc…)

Title
Author
Publisher and date of publication
Grade level of child(ren) in Bellbrook-Sugarcreek Schools
Class or course material is being used in

In what school did you find this material?

Stephen Bell Bell Creek Intermediate
Bellbrook Middle School Bellbrook High School

I have read, viewed, or listened to the complete work? Yes No

How did the student obtain access to the material? (assignment, free selection, from a friend, etc…)

How did you obtain access to the material?

Was the teacher's guide (if any) that accompanied the material examined? Yes No

What is objectionable and why? (be specific: include page number, frame number, illustrations, nature of complaint, etc…)

What do you think might be the result of exposing students to this material?

What do you suggest be done with the material in question?

Non-library material

___ Do not assign to my child and have an alternate assignment

___ Withdraw it from all students as well as my child

___ Have it re-evaluated

___ Other

___ N/A

Library material

___ Continue its use, but do not allow my child to use it or check it out

___ Withdraw it from open shelves for all students

___ Have it re-evaluated

___ Other

___ N/A

What age group would you recommend for this material?

What benefits, if any, do you feel could be derived from the presentation of this resource?

What theme or message do you think is conveyed by the presentation of this resource?

Do you believe there is anything good about the resource? If so, please describe.

Other comments:

Signature _____ Date _____

Office use only

Date received _____

Resolved at LEVEL 1? Yes or No

Complainant Submitted to LEVEL 2? Yes or No

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LEVEL 2

Parent/Guardian's Appeal of LEVEL 1 Reconsideration of Instructional Materials and/or Library Books Form

TO BE COMPLETED BY COMPLAINANT
Send to Director of Curriculum

Attach completed LEVEL 1 form and answer the following questions. If you need more space, you may attach additional pages.

Specifically, why do you disagree with the LEVEL 1 decision?

What do you suggest be done with the material in question?

Include any other pertinent information.

Complainant Signature _____Date _____

Office use only

Date received _____ Supt appoint a review committee? Yes or No

Date Committee met with complainant (20 days) _____

Date Review Committee Report is due to Supt (20 days) _____

LEVEL 2 Decision by Superintendent

TO BE COMPLETED BY SUPERINTENDENT

Superintendent Signature _____ Date _____

LEVEL 3

Review Committee Material Review Form

TO BE COMPLETED BY REVIEW COMMITTEE

Committee Member Names

Date of Committee Review

Include Parent/Guardian's Request for Reconsideration of Instructional Materials and/or Library Books Form

Title of material

Author

Publisher and date of publication

Class or course material is being used in

Summary of the book

Explain the committee's opinion on the appropriateness of the material for the age and maturity level of the students with whom it is being used.

Explain the committee's opinion on the accuracy of the material

Explain the committee's opinion on the objectivity of the material

Explain the committee's opinion on the use being made of the material

The recommendation, with supporting rationale, will include one of the following actions:

—To deem the challenged instructional material acceptable and no change in educational use

—To limit the educational use of the challenged instructional material

—To remove all or part of the challenged instructional material from the school environment

Committee's Supporting Rationale

Office use only

Date Committee report received by Superintendent _____

Date of Superintendent's decision (20 days) _____

Date Complainant notified of decision _____

LEVEL 3 Decision by Superintendent

TO BE COMPLETED BY SUPERINTENDENT

Superintendent Signature _____ Date _____

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LEVEL 4

Complainant Appeal of LEVEL 3 Superintendent's Decision Form

TO BE COMPLETED BY COMPLAINANT
INCLUDE FORMS FROM LEVEL 1, 2, AND 3
SEND TO SUPERINTENDENT AND BOARD PRESIDENT

Complainant's Name (please print)

Date of Appeal phone number email address

Reason for appeal

What do you suggest be done with the material in question?

Include any other pertinent information.

Signature _____ Date _____

Office use only

Appeal received on _____

Date appeal must be filed by (30 days) _____

Board decision of appeal of Superintendent's decision (60 days) _____

LEVEL 4 Decision by the Board of Education

TO BE COMPLETED BY THE BOARD OF EDUCATION

Board President Signature _____ Date _____